PRINTED: 06/01/2015 FORM APPROVED

Kansas Department on Aging

NAME OF PROVIDER OR SUPPLIER  ASBURY VILLAGE  STREET ADDRESS, CITY, STATE, ZIP CODE 3800 ASBURY OR COFFEVVILLE, KS 67337    PART   CAN DEFICIENCY MUST BE PRECISED BY THAT ILL   PRETTX   CAN DEFICIENCY MUST BE PRECISED BY THAT ILL   PRETTX   CAN DEFICIENCY MUST BE PRECISED BY THAT ILL   PRETTX   CROSS REFERENCE TO ME ON MY SHOULD BE CONSULTED BEFLICIENCY)  S 000   INITIAL COMMENTS  The following licenser re-survey at the above named residental health care facility resulted in a finding of no deficiency citations on 5-20-15 and 5-21-15.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
ASBURY VILLAGE  COFFEYVILLE, KS 67337  (X4) ID PREFIX TAG  NOR INITIAL COMMENTS  The following licenser re-survey at the above named residental health care facility resulted in a finding of no deficiency citations on 5-20-15 and  SUMMARY STATEMENT OF DEFICIENCIES COFFEYVILLE, KS 67337  ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX TAG  PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (CACH CORRECTION SHOULD BE COMPLETE DATE)  PREFIX TAG  PREFIX TAG  S 000  PROVIDER'S PLAN OF CORRECTION (CACH CORRECTION SHOULD BE COMPLETE DATE)  S 000  The following licenser re-survey at the above named residental health care facility resulted in a finding of no deficiency citations on 5-20-15 and			N063012	B. WING		05/21/2015	
ASBURY VILLAGE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 000 INITIAL COMMENTS  The following licenser re-survey at the above named residental health care facility resulted in a finding of no deficiency citations on 5-20-15 and							
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE